Fill	in this information to identify your ca	ase:									
	otor 1 <u>Dejuan Kelk</u> e										
	otor 2				_						
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF OHIO		_						
	se number <u>24-15151</u>		-			Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:					
0	fficial Form 106I					MM / DD/ Y		•			
	chedule I: Your Inc							12/15			
sup spo atta Pa	as complete and accurate as possibly ing correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	are married and not fili Ir spouse is not filing w	ng jointly, and your : ith you, do not inclu	spouse i de infori	s liv natio	ing with you, incl on about your spo	ude informa	ation about your			
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filiı	ng spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☑ Not employed			☐ Emplo	•				
	Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Occupation Employer's name Employer's address	Program Adminis	strator							
			Genesis Program 1104 Johnston S Akron, OH 44305	treet	_						
		How long employed there?									
Pai	rt 2: Give Details About Mor										
Esti unle	mate monthly income as of the da		ou have nothing to rep	oort for ar	ny lin	e, write \$0 in the sp	ace. Include	e your non-filing spous			
If yo	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	ombine the information	n for all e	emplo	oyers for that perso	n on the line	es below. If you need			
						For Debtor 1	For Debt	or 2 or g spouse			
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	13,000.00	\$	N/A			
3.	Estimate and list monthly overt	stimate and list monthly overtime pay.			+\$	0.00	+\$	N/A			
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	13,000.00	\$	N/A			

Official Form 106I

Schedule I: Your Income

page 1

Debtor 1 Dejuan Kelker			Case number (if known)		24-15151				
				For Debtor 1			btor 2 o	-	
	Cop	by line 4 here	4.	\$_	13,000.00	\$		N/A	
5.	List	t all payroll deductions:							
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$_ \$	2,637.27 0.00	\$		N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	
	5e.	Insurance	5e.	\$	0.00	\$		N/A	
	5f.	Domestic support obligations	5f.	\$ _	0.00	\$		N/A	
	5g.	Union dues	5g.	\$	0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h.+	\$		+ \$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	- 6.	\$ —	2,637.27	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ -	10,362.73	\$		N/A	
8.		t all other income regularly received:	8a.	\$	0.00	\$		N/A	
	8b.	•	8b.	\$ -	0.00	<u>\$</u> —	-	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$		N/A	
	8e.		8e.	\$_	0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.	\$_	0.00	\$		N/A	
	8g.		8g.	\$_	0.00	\$		N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$_	0.00	+ \$		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		N/A	
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	0,362.73 + \$		N/A =	\$ <u>10</u>	,362.73
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule lude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a secify:	depen		•	•	nedule J. 11. +		0.00
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certain lies					12.		,362.73
13.		you expect an increase or decrease within the year after you file this form	?					ombine onthly i	
		No. Yes. Explain:							

Official Form 106I